


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL060107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED R 12/11/2015
NAME OF PROVIDER OR SUPPLIER THE HAVEN IN THE VILLAGE AT CAROLINA P		STREET ADDRESS, CITY, STATE, ZIP CODE 13150 DORMAN ROAD PINEVILLE, NC 28134		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments This report is of a Followup Survey done by Bob Getchell and Ed Miller on December 11, 2015. The followup survey revealed that all deficiencies are not corrected, therefore a new plan of correction is required.	{C 000}	<p><i>See Attached</i></p> <p><i>Poc (4 pages)</i></p> <p><i>JH</i></p> <p>JAN 19 2016</p>	
{C 166}	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule, by not maintaining the HVAC/ventilation, grilles and their associated dampers free of hazards. Findings on December 11, 2015: a. The return HVAC and ventilation grilles and their radiation dampers have an excessive accumulation of dust/lint. Locations of specific examples include but are not limited to: i. Pair of Visitor's Toilet Rooms, near Actively Room, ii. Janitor's Closet near Kitchen, iii. Staff Toilet Room near Kitchen, iv. Therapy	{C 166}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: **Administrator** (X6) DATE: **1/14/16**

STATE FORM 6822 VZL922 If continuation sheet 1 of 3

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{C 189}	Continued From page 1	{C 189}		
{C 189}	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 2. Based on observation, the Building was not maintained in a safe and operating condition, because the exit signs did not work or relay directional information properly. Followup Findings on December 11, 2015: a. The exit sign did not work on backup power when tested. Locations of specific examples include but are not limited to: i. Corridor near Bedroom 407, ii. Corridor near Bedroom 410. c. The exit sign did not work on normal power or backup power when tested in the Therapy Room. 5. Based on observation, the Building was not maintained in a safe and operating condition, because the fire sprinkler escutcheon plates were impaired, exposing openings through the ceiling that could allow the passage of smoke and heat. Followup Findings on December 11, 2015: c. The fire sprinkler escutcheon plate was missing. Locations of specific examples include but are not limited to: ii. Freezer	{C 189}		

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{C 189}	Continued From page 2 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to door leafs not fitting into their frames with acceptable gaps under normal closing force. Followup Findings on December 11, 2015: c. The top leave of the Nurse Station Dutch door, did not automatically latch into the bottom leaf	{C 189}			

Facility: The Haven at Carolina Place
License Number: HAL-060-107 FID #971417
Follow-up Survey Conducted: December 11, 2015
Statement of Deficiencies Report Printed December 30, 2015
(Postmarked January 5, 2015. Received January 8, 2016)
Plan of Correction

Responses to the cited deficiencies do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with Federal and State Law.

**ID PREFIX TAG C166: Section .0300 – PHYSICAL PLANT 10A NCAC 13F .0306
HOUSEKEEPING AND FURNISHINGS**

1) a

- A. With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice.** No residents were injured nor had any adverse effects as a result of this deficiency. The community has corrected this deficiency. Removed dust/lint from dampers.
- B. With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice.** The Environmental Services Director/Designee will conduct an in-service with staff to insure all housekeeping staff understands the importance of keeping dampers free of dust/lint.
- C. With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur.** The Environmental Services Director/Designee will make routine rounds to insure all dampers are maintained properly. This will be maintained on a monthly cleaning schedule.
- D. With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur.** Environmental Service Director/Designee will make random inspections to insure all dampers are kept in compliance.
- E. Date when corrective action will be completed.** Corrective action was completed on or before December 25, 2015.

[Signature] 1/14/16
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ID PREFIX TAG C189: Section .0300 – PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS

2) a, c

- A. With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice.** No residents were injured nor had any adverse effects as a result of this deficiency. The exit sign(s) of concern have been fixed accordingly.
- B. With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice.** The Environmental Services Director/Designee will conduct an in-service with staff to insure everyone understands the importance of making sure exit signs are functional and check them for emergency operation.
- C. With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur.** The Environmental Services Director/Designee will make routine rounds to insure exit sign are operating correctly and that directional tabs reflect appropriate egress direction.
- D. With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur.** Environmental Service Director/Designee will make random inspections to insure all exits sign meet the requirement.
- E. Date when corrective action will be completed.** Corrective action was completed on or before December 25, 2015.


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5) c

- A. **With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice.** No residents were injured nor had any adverse effects as a result of this deficiency. The escutcheon plates of concern have been addressed accordingly. Escutcheon plate has been installed.
- B. **With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice.** The Environmental Services Director/Designee will conduct an in-service with staff to insure everyone understands the importance of making sure escutcheon plates are installed and in good repair.
- C. **With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur.** The Environmental Services Director/Designee will make routine rounds to insure all escutcheon plates are installed and in good repair.
- D. **With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur.** Environmental Service Director/Designee will make random inspections to insure all escutcheon plates are installed, in good repair and are in compliance.
- E. **Date when corrective action will be completed.** Corrective action was completed on or before December 25, 2015.


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8)

- A. **With respect to the corrective action accomplished in those areas of the facility found to have been affected by the deficient practice.** No residents were injured nor had any adverse effects as a result of this deficiency. The door has been replaced.
- B. **With respect to how to identify other areas of the facility having the potential to be affected by the same deficient practice and what corrective action will be taken for the same deficient practice.** The Environmental Services Director/Designee will conduct an in-service with staff to insure everyone understands the importance of doors, with gaps, and why it's important to identify and correct these, in order to contain smoke.
- C. **With respect to what measures will be put in place or what systematic changes will be made to ensure that the deficient practice does not reoccur.** The Environmental Services Director/Designee will make routine rounds to insure all doors are gapped accordingly and have the proper smoke barrier.
- D. **With respect to how the corrective action will be monitored to ensure the deficient practice will not reoccur.** Environmental Service Director/Designee will make random inspections to insure all doors are gapped accordingly and have the proper smoke barrier.
- E. **Date when corrective action will be completed.** Corrective action was completed on or before December 25, 2015.


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